

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022383

Entity Name: THE MOVE DOCTORS, INC.

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

490 HILLSBOROUGH STREET  
PALM HARBOR, FL 34683

## New Principal Place of Business:

6195 SEASIDE DR.  
NEW PORT RICHEY, FL 34652

## Current Mailing Address:

490 HILLSBOROUGH STREET  
PALM HARBOR, FL 34683

## New Mailing Address:

6195 SEASIDE DR.  
NEW PORT RICHEY, FL 34652

FEI Number: 83-0349836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARTER, DAVID A P.A.  
7419 U.S. HIGHWAY 19  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

RAUCKHORST, GREGORY J  
6195 SEASIDE DR.  
NEW PORT RICHEY, FL 34652 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GREG RAUCKHORST

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GLEICHOWSKI, DANIEL E PRES  
Address: 490 HILLSBOROUGH STREET  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP (X) Delete  
Name: JIMERSON, ROBERT VP  
Address: 1344 DARTFORD COURT  
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: TR (X) Delete  
Name: GLEICHOWSKI, JUSTIN E TR  
Address: 1436 TAWNYBERRY COURT  
City-St-Zip: TRINITY, FL 34655 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RAUCKHORST, GREGORY J PRES  
Address: 6195 SEASIDE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG RAUCKHORST

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date